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|--|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   | Docket Number (Optional)<br>PAZ-025CPCN     |                         |
| Application Number<br>10/786710-Conf. #3651  |   | Filed<br>February 24, 2004                  |                         |
| For<br>7- AND 9- CARBAMATE, UREA, THIOUREA, THIOCARBAMATE, AND HETEROARYL-AMINO<br>SUBSTITUTED TETRACYCLINE COMPOUNDS  |   |   |                         |
| Art Unit<br>1626   |   | Examiner<br>A. B. Freistein                 |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above<br>identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|  |   | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120                                       | \$60                    |
| <input checked="" type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450                                       | \$225                   |
| <input type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1020                                      | \$510                   |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4))   | \$1590                                      | \$795                   |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))   | \$2160                                      | \$1080                  |
| <input type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>   | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input checked="" type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.  |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 53,623  |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |   |   |                         |
| _____<br>Cynthia M. Soroos<br>Signature  |   | _____<br>November 9, 2005<br>Date           |                         |
| _____<br>Cynthia M. Soroos<br>Typed or printed name  |   | _____<br>(617) 227-7400<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more<br>than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/>   | Total of 1 forms are submitted.   |   |                         |

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in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date  
shown below.

Dated: November 9, 2005

Signature: Cynthia M. Soroos (Cynthia M. Soroos)